

Name  
in  
Full

Wm Edward Boston

CERTIFICATE OF DEATH

Died at <sup>own</sup> Guilford <sup>County</sup> Howard Co MARYLAND  
Date of death 1909 Nov 13<sup>th</sup> Age 1  
Sex Male Color or Race Col- Birth-place Guilford  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Albert Boston

Father's  
Birthplace

Howard Co

Mother's  
Maiden Name

Annie Thomas

Mother's  
Birthplace

Howard Co

Name of person giving  
Information

Albert Boston

How related  
to deceased

father

CAUSES OF DEATH

Primary

Inanition & Marasmus

How long

six months

Immediate

General weakness

How long

1 week -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Chas Tumbeson  
Guilford  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

Sam Bentinck

Fischer & Phän

Samma ma

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190		Nov.	28	71	no	no	
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housekeeper		Where Residing if not at place of death		Ellicott City		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Rezin Carey				Father's Birthplace	Maryland	
Mother's Maiden Name	Maria Carey				Mother's Birthplace	Maryland	
Name of person giving information	Mary Jane Helmyer				How related to deceased	Sister	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart	How long	many years
Immediate	asthenia	How long	Progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. C. Shrie
		Address	Ellicott City
Accident or Suicide?			



obl

Name  
in  
Full

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John W. Easton

Town

County

Savage

Howard

MARYLAND

Date

of death

1909

Month

11

Day

29

Age

Years

67

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of death

near Savage

Married, Single  
or Widowed

widower

Name of Wife or  
Husband

Caroline Easton

Father's  
Name

unknown

Father's  
Birthplace

unknown

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

unknown

Name of person giving  
Information

Clarence Easton

How related  
to deceased

son

## CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

24 hr

Immediate

Shock

How long

progressive

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. L. Livingston M.D.

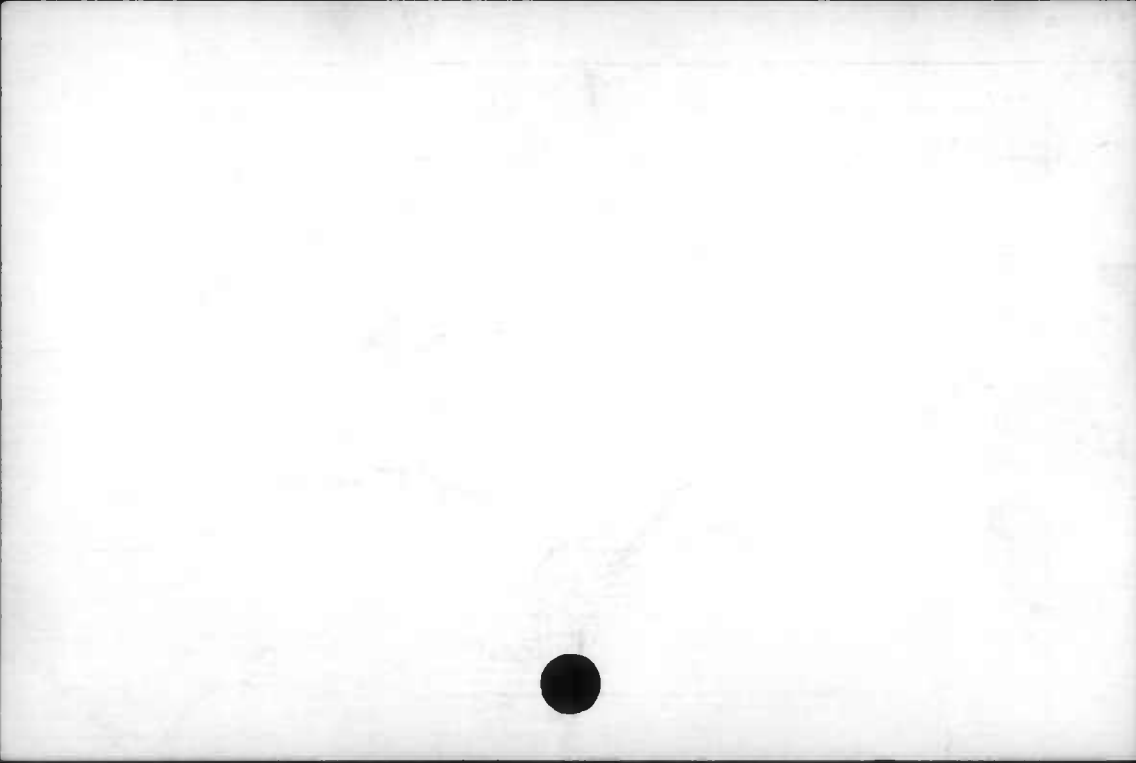
Address

Savage

Accident or Suicide

neither

PHYSICIAN  
OR CORONER



Name  
in  
Full

Matilda H Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glechester Town Howard County MARYLAND

Date of death 1904 Month Nov. Day 22 Age 67 Months 0 Days 20

Sex Female Color or Race White Birthplace Maryland

Occupation House Keeper Where Residing if not at place of death Glechester

Married, Single or Widowed Married Name of Wife or Husband George W. Garrison

Father's Name William Kindle Father's Birthplace Maryland

Mother's Maiden Name Eliza Nicholas Mother's Birthplace Maryland

Name of person giving information George Garrison How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Apoplexy How long 12 hrs

Immediate Cerebra How long 12 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. W. Smith M.D.

Address Cataumville Ind.

Accident or Suicide



886



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
9		11	30	61	—	11	20
Sex	Male	Color or Race	White	Birth-place	Ballo. Co. Md.		
Occupation	Capt. Md. Ballo.			Where Residing if not at place of death	High Ridge		
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Hilberg				
Father's Name	Frederick Hilberg			Father's Birthplace	Baltimore		
Mother's Maiden Name	Jane Beside			Mother's Birthplace	Baltimore		
Name of person giving Information	Alice Hilberg			How related to deceased	Wife		

## CAUSES OF DEATH

79

Primary	valvular heart disease	How long	18 mo
Immediate	Cardiac Failure	How long	—
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	W. F. Taylor M.D.
		Address	Laurel Md
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Louis Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

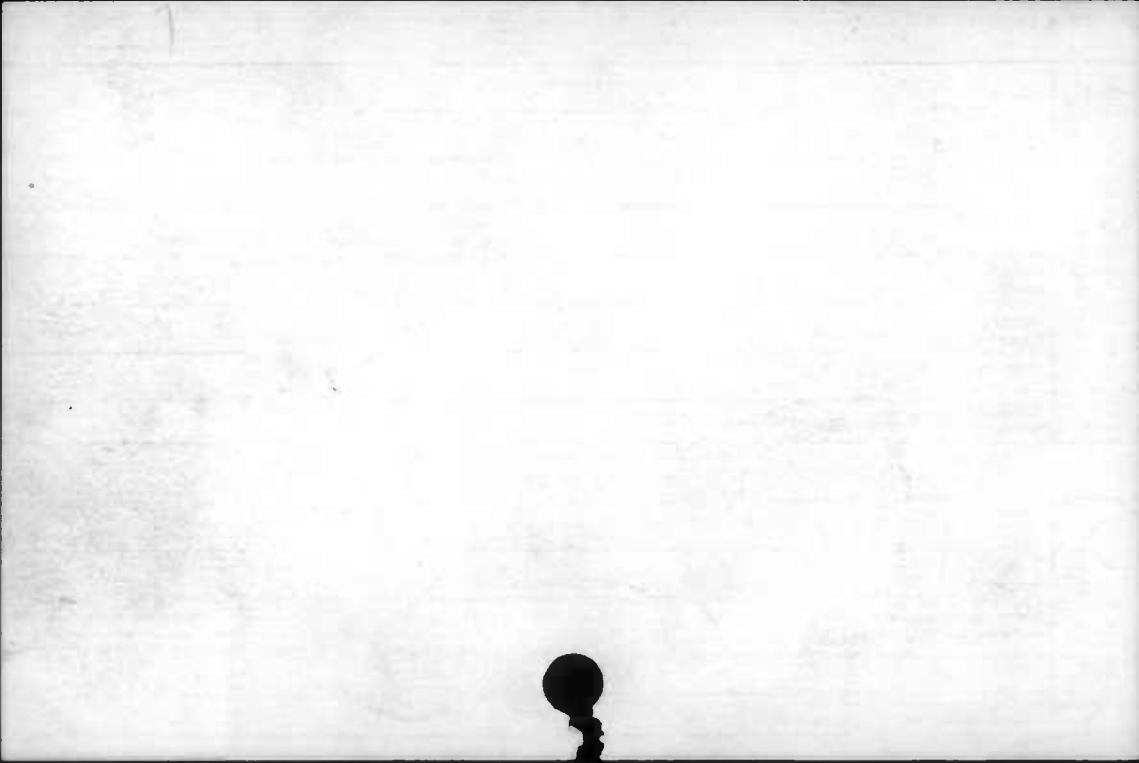
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		11	14	29		1	1
Sex	Male			Color or Race	White		Birth-place
Occupation	None			Where Residing if not at place of death	Hawons ma		
Married, Single or Widowed	Widowed			Name of Wife or Husband	dece		
Father's Name	Louis A Hood				Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Bayn				Mother's Birthplace	Md	
Name of person giving Information	Mrs. Supter				How related to deceased	Daughter	

## CAUSES OF DEATH

(65)

PHYSICIAN  
OR CORONER

Primary	Softening of Brain		How long	2 years
Immediate	Paralysis		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Harrison Torgue	
y w		Address	Elk Ridge Md	
Accident or Suicide				



Name  
in  
Full

CERTIFICATE OF DEATH

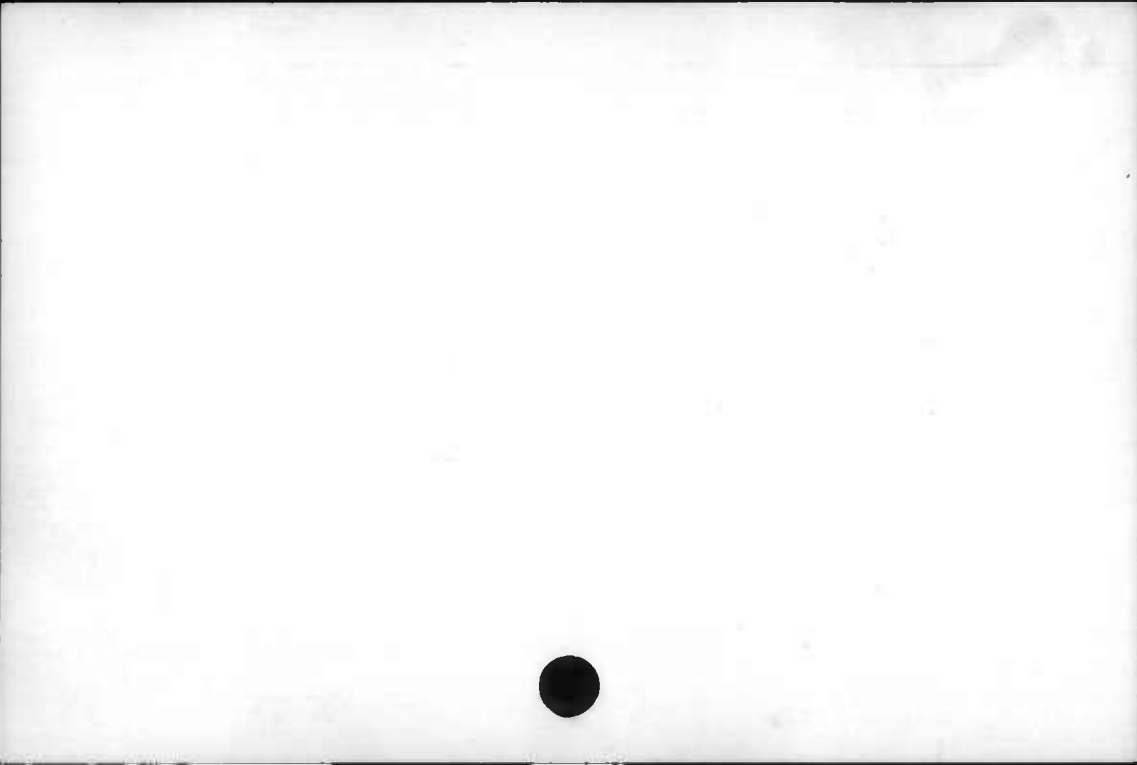
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mr H. Lowry* County *Howard* MARYLAND  
Died at *Atholton* Town *Atholton*  
Date of death 190 *9* Month *11* Day *14* Age *69* Years Months *9* Days  
Sex *male* Color or Race *white* Birth-place *md*  
Occupation *Blacksmith* Where Residing if not at place of death *Atholton*  
Married, Single or Widowed *married* Name of Wife or Husband *A. S. Lowry*  
Father's Name *Amos Lowry* Father's Birthplace *md*  
Mother's Maiden Name *Mary Murry* Mother's Birthplace *md*  
Name of person giving Information *Francis M. Lowry* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

Primary *Hemorrhage of Brain* How long *2 days*  
Immediate *Stroke* How long *progressive*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Livingston M.D.*  
Address *Savage md*  
Accident or Suicide *hit by*



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elizabeth Teresa McAvoy* Town *Clarkson* County *Harford* MARYLAND

Died at *Clarkson* Month *Nov.* Day *12* Age *74* Years Months Days

Date of death 190*9* Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Francis McAvoy* Father's Birthplace *Ireland*

Mother's Maiden Name *Elizabeth Major* Mother's Birthplace *Ireland*

Name of person giving Information *Mloysius Buchanan* How related to deceased *Nephew*

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Broncho Pneumonia* How long *6 days*

Immediate *Toxemia* How long *10 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*

Address *West Friendship Harford Co. Md.*

Accident or Suicide *no*



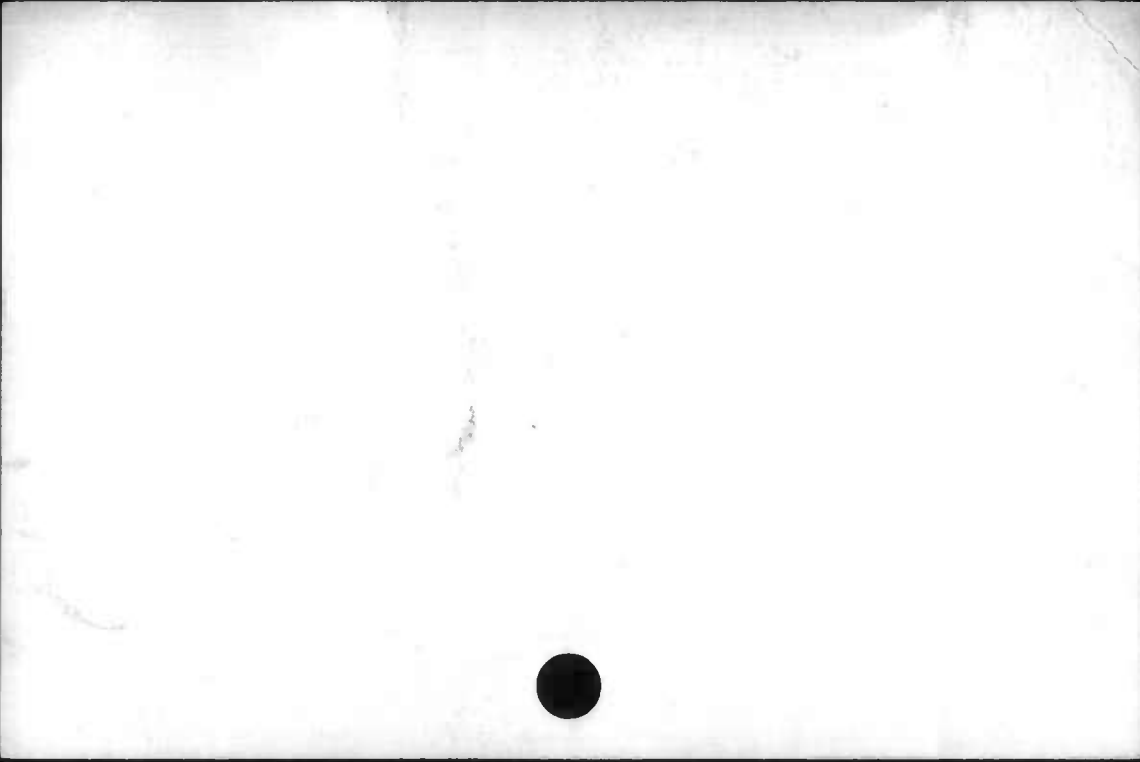
286



Name in Full		Town				County		MAYLAND	
Died at		Alpha		Howard					
Date of death		Month	Day	Age	Years	Months	Days		
1909		Nov	23	75		9			
Sex		male		Color or Race		Colored		Birth-place	
Occupation		Laborer		Where Residing if not at place of death				Frederick	
Married, Single or Widowed		Married		Name of Wife or Husband		Margaret Ramsberg			
Father's Name		Dont know		Father's Birthplace					
Mother's Maiden Name		Dont know		Mother's Birthplace					
Name of person giving Information		Eugene Nichols		How related to deceased		Son			
CAUSES OF DEATH									
Primary		General debility -				How long		5 days	
Immediate		exhausted -				How long		2 days	
Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician		John W. Keith			
				Address		West Friendship		Howard Co. Md.	
Accident or Suicide									

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William B Quings

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Nov</i>	Day <i>22</i>	Years <i>40</i>	Months <i>110</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>clerk</i>		Where Residing if not at place of death <i>Ellicott City</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Kellie Hunt</i>			
Father's Name <i>John H Quings</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sallie Quings</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Richard Quings</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>One week</i>
Immediate <i>Uremic coma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. M. B. Rogers M.D.</i>
<i>_____</i>	Address <i>Ellicott City</i>
<i>_____</i>	<i>Med</i>

Accident or Suicide

George King 186

186

Name  
in  
Full

Laura Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

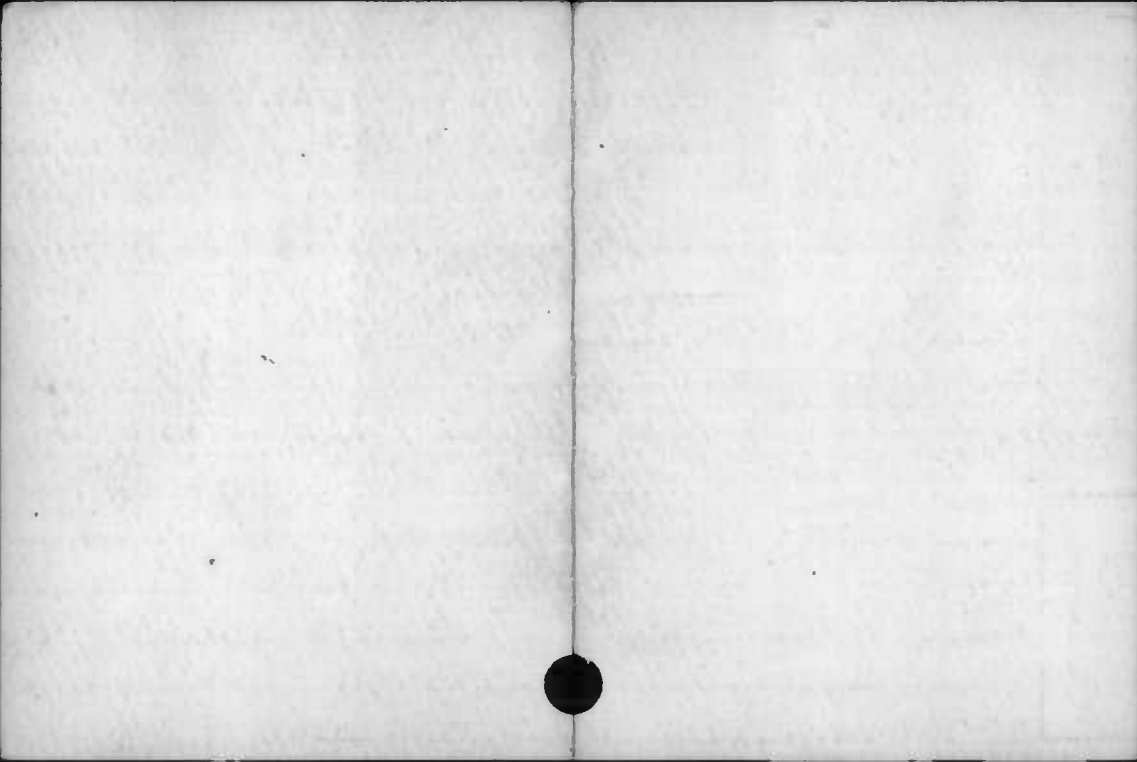
Died at <u>Florum</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov.</u>	Day <u>13</u>	Age <u>25</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Maryland</u>			
Occupation <u>Cook</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Will Scott</u>				
Father's Name <u>George Shaper Barnes</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Susie Dorsey</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>May Butcher</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of Lungs</u>	How long <u>About 2 years</u>
Immediate	<u>The same</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>As far as I know.</u>	Signature of Physician <u>J. W. Paey</u>
		Address <u>Sister Ind.</u>
Accident or Suicide?	<u>(Did not attend autopsy)</u>	



Name  
in  
Full

Stansfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at St James Town Howard County MARYLAND

Date of death 190 9 Month Nov Day 13 Age        Years        Months        Days       

Sex Female Color or Race white Birth-place St James

Occupation        Where Residing if not at place of death       

Married, Single or Widowed        Name of Wife or Husband       

Father's Name Thomas H Stansfield Father's Birthplace Howard Co

Mother's Maiden Name Anna Ridgely Mother's Birthplace Howard Co

Name of person giving Information T. H. H. Stansfield How related to deceased Father

## CAUSES OF DEATH

Primary Still Born How long 8 ✓

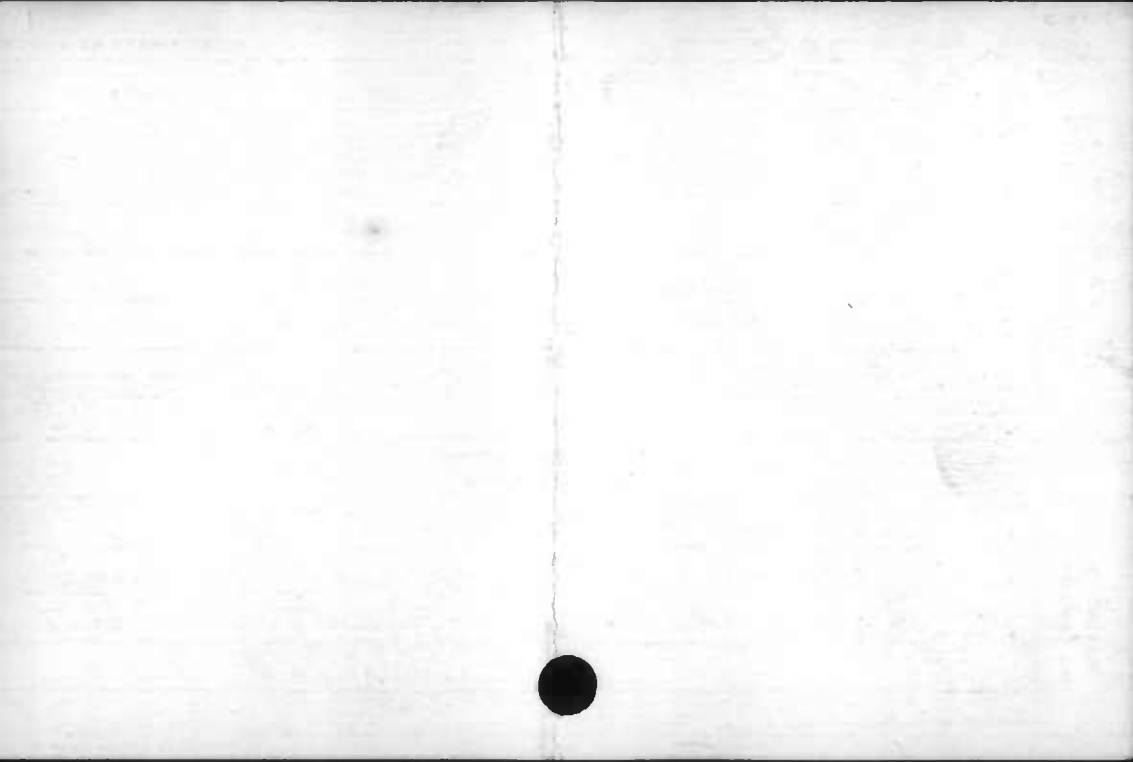
Immediate Asphyxia How long       

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Samuel B. Frecher  
Address Bykenville Md

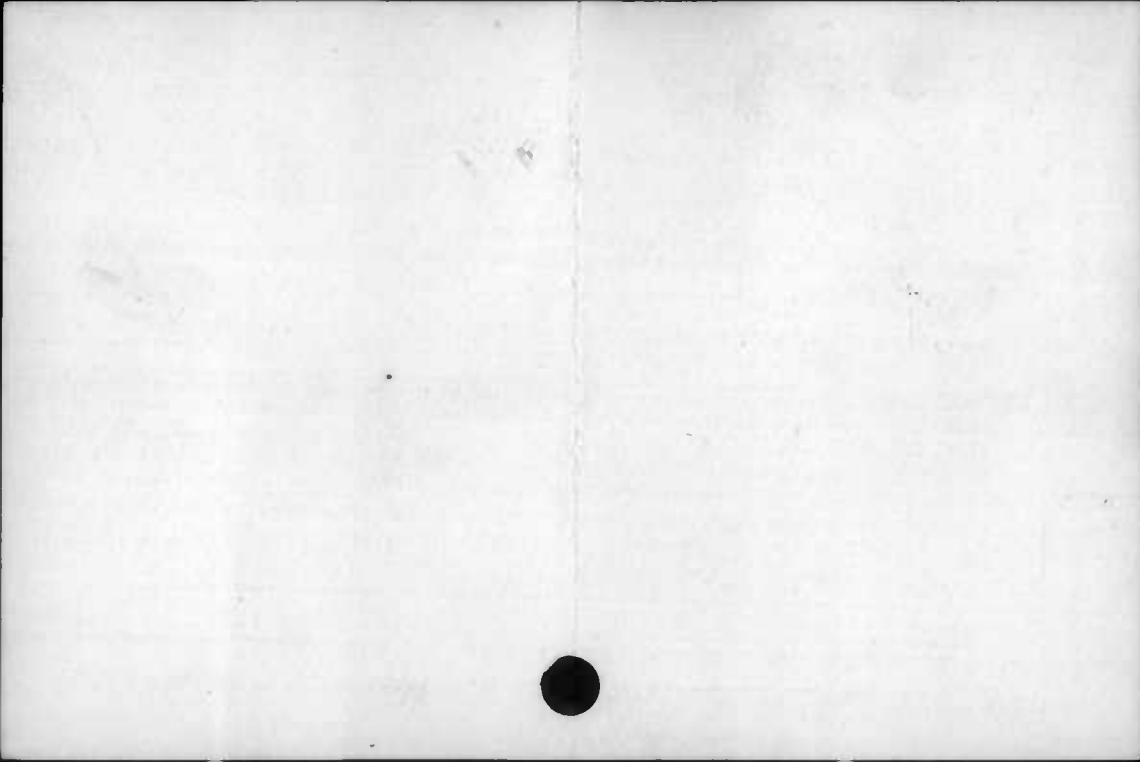
Accident or Suicide       

PHYSICIAN  
OR CORONER





Name in Full		Pearl Stanton				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Died at		Florence		Howard			
		Date of death		1909	Month	Nov.	Day	8	
		Age		14	Months	4	Days	8	
		Sex		Female		Color or Race		Colored	
		Birth-place		Frederick Co.					
		Occupation		House girl		Where Residing if not at place of death		At place of death	
Married, Single or Widowed		Name of Wife or Husband		No husband					
Father's Name		Lorenza Stanton				Father's Birthplace		Howard Co.	
Mother's Maiden Name		Ruey Potts				Mother's Birthplace		Montgomery Co.	
Name of person giving information		Ruey Jackson				How related to deceased		Mother	
		CAUSES OF DEATH				27			
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis				How long	4 months
		Immediate		Pulmonary Hemorrhage				How long	10 hours
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. Albert Niece,	
		Address		Mt. Airy, Md.					
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at

New John B. Tabb.

Town

County

St Charles College Howard

Date

of death

1909 Nov.

Day

19

Age

Years

64

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Priest-

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Dont-know

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Dont-know

Mother's  
Birthplace

Dont-know.

Name of person giving  
Information

Rev. F. J. Wherney.

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Bulbar Paralysis.

How long

3 Mo.

Immediate

Heart-Failure.

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. J. Farrell M.D.  
St. Charles College  
Howard Co. Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



986

Name  
in  
Full

Jacob. J. Werner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup> <i>Co.</i>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Nov.</i> <sup>Day</sup> <i>18.</i> <sup>Years</sup> <i>41.</i>		<sup>Months</sup> <i>1.</i> <sup>Days</sup> <i>4.</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>	
Occupation <i>Contractor</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Chas. J. Werner</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catharine Myers</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mr. Joe Countess</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Intra-cerebral Hemorrhage</i>	How long	<i>One week</i>
Immediate	<i>Collapse</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. A. Wilson</i>	
		Address <i>1735 Hollins St. Balto. Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Annie Davis Wharton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

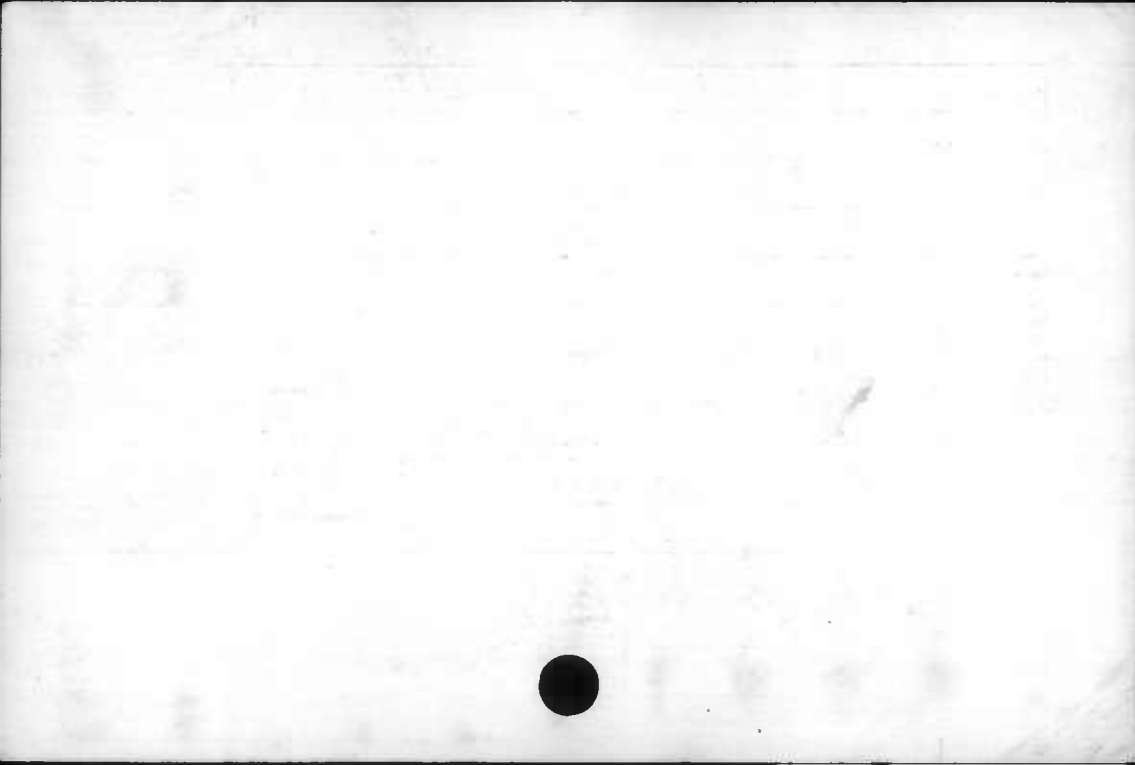
Died at		Town Savage		County Howard		MARYLAND	
Date of death	1909	Month 11	Day 8	Age 47	Years 86	Months 14	Days
Sex	female	Color or Race	white	Birth-place	VA		
Occupation	Housewife			Where Residing if not at place of death	Savage Md		
Married, Single or Widowed	Married		Name of Wife or Husband	Charles H. Wharton			
Father's Name	Joseph W. Barbee			Father's Birthplace	VA		
Mother's Maiden Name	Rebecca Ann Waters			Mother's Birthplace	VA		
Name of person giving Information	Charles H. Wharton			How related to deceased	Nephew		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 years
Immediate	Exhaustion	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wharton M.D.
		Address	Savage Md
Accident or Suicide	no		





Name in Full		Bertha Jane Wilson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Woodstock		Howard		MARYLAND		
	Date of death	1909	Month	November	Day	11	Age	21
	Sex	Female		Color or Race	white		Birth-place	Carroll County
	Occupation	House Girl		Where Residing if not at place of death		Woodstock Md		
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	John W Wilson				Father's Birthplace	Carroll Co	
	Mother's Maiden Name	Jessie W Elliott				Mother's Birthplace	Carroll Co	
Name of person giving information	George Grimes				How related to deceased	None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	22 days	
	Immediate	Intestinal Hemorrhage				How long	7 days	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Wm D Burdett	
	Address						Rochester	
	Accident or Suicide?						Baltimore Md	

